PLACE OF DEATH	STATE OF MARY
County J. Dev 19 20	GERTIFICATE OF
10 and la Pl	Registration Dist. No
Village or City Namurs Off (No	St.: Ward) (If de a hos)
2FULL NAME Florence Steles	Beach stead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
Finale White Single Single Wildowed. Wildowed. OR DIVORCEU (Write the word)	16 DATE OF DEATH Feb 5/32 (Month) (Day)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended to Fift # 32152 to Fift S that I last saw h Walive on Fift
7 AGE 3 2 yrs. 2 mos. 9 ds. or min.?	and that death occurred on the date stated above, a The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yre.
9 BIRTHPLACE (State or country) Oxford Fake, Snich 10 NAME OF FATHER OLIVEN Brach	Contributory Secondary Secondary (Duration) (Signed) (Signed) (Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME)	*State the I is ase Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.
OF MOTHER MANY (Villenbach 13 BIRTHPLACE OF MOTHER (State or Country) Mich	18 LENGTH OF RESIDENCE (For Hospitals, Incients or Recent Residents) At place In the State yrs
(Informant) Mary C. Helkenbach	if not at place of dea.h? Former or usual residence
(Address) Daniels Park, ma	Jash D.C. 2. 8
15 Filed Jet -7- 1982- John Danette Registras	The Sugar Hab
If more banks are needed, address hate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No. 230

Brach Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE C	F DEATH
16 DATE OF DEATH Feb 5/3	32, 192(Year)
17 I HEREBY CERTIFY, That I atte	anded the deceased from 2, 192,
and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	above, atm,
Cardiac Th	iombosis).
Contributory Condary (Duration)	della .
(Signed) DNG Mawre Tet 7/3 2192 (Address) Laur	
*State the I is case Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	or, in deaths from ury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospit ients or Recent Residents) At place In the	
of death yrs de. State Where was disease contracted, if not at place of dea.h?	yrsds.
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	2- F- , 1932
20 UNIGERTAKER Jugen	Hash. D.C.

Rr. Stwart

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, the airst line will be sufficient, c. g., Farmer or Planter, especially in industrial employments, it is neces-For many occupations a be used only when needed. As examples: (a) yis). For persons without more precise specification as Doy who have no occupation single word or term on

Strtement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tclanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injury "PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart diseose; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l qu stions—answered, in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Prince George	CERTIFICATE OF DEATH
County France George 107	Registration Dist. No. 2015
Village or City Blademsburg (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE	
MARRIED, WHOWNER OR DIVORCED (Write the word)	16 DATE OF DEATH 1982 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 JHEREBY CERTIFY, That I attended the deceased from 21 21 1012 to July 24 1992 that I last saw h Prolive on July 24 1992
7 AGE (If LESS that	
/ / / / / / / / / / / / / / / / / / /	. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Burelo preuminin
(b) General nature of industry business, or establishment in	4
Which employed or (employer)	(Duration)yremoeda.
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion)
10 NAME OF FATHER LENGTH, DECKELLY	(Signed) January Sup Lyally M. S. 21 9 4 1925 (Address) Lyally Mr.
OF FATHER Z (State or country)	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MANAGEM	18 LINGTH OF RESIDENCE (For llospitols, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
(Informant) Solle Jegkelt	usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) flow St. Daluelyng	Mr. Much Of, S/14, 1932
Filed Web. 24 192 Mrs. 20 Burks	20 UNDERTAKER 6 ANDRESS 1432 Jm Slin
If more banks are needed, addre. Itate Negistre	er, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

01833

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the Discretion EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discrete. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); pinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia")

carbolic acid-probably suicide. The n-ture of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Iaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death taken. For violent deaths state means of injuly "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular Always qualify all heart not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	ITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	illy supplied. AGE should be stated EXACTLY. PHYSICIANS should state	plain terms, so that it may be properly classified. Exact statement of OCCUPA.
-	Every	ICIANS	atement
	RECORD	7. PHYS	Exact sta
MARGIN RESERVED FOR BINDING	RMANENT	XACTLY	classified.
FOR B	IS A PE	stated E	properly
ERVED	VK-THIS	should be	it may be
IN RES	ADING IN	d. AGE	s, so that
MARG	TH UNF	lly supplie	lain terms
			H

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residence in city-or town where death occurred mos. ____ds. How long in U.S. if of foreign birth? _____yrs. ____mos. ____ds. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) of certificate. to have occurred on the data stated above, at / m 7. AGE Months If LESS than Days The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. Date of onset 8. Trada, profassion, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc..... See instructions on back . Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc..... 11. Total time (yaars) D. Date decaased last worked at this occupation (month and 2 occupation_ Othar Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) What test confirmed diagnosis? ___ 15. MAIDEN NAME important 23. If death was due to external causes (VIOLENCE) fill in elso tha following: Accidant, suicida, or homicide?______ Date of injury_______ 19. DEATH 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOVAL WRITE Manner of injury CAUSE mation LION Natura of injury 24. Was disease or Injury In any way related 19. UNDERTAKER (Addrass) If so, specify (Signed) Registrar. (Addrass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	- 4	Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAP 4 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SURFAIT V S	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				<u> </u>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF DEATH	TEST U1835
County O1 Dea Co.	Registration Dist. No. 234
Village or City Clinton M. S. (16	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidanca in city or town where death occurred 53 yrsmos.	ds. How long In U. S. if of foralgn birth?yrsmosds.
2. FULL NAME Joseph Rawld	Casswell
(a) Residence: No. Ululou MA	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white widowed	Field 23 1932 (Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of Cor) WIFE of Florence Casswell	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 23, 1876	I last saw him alive on Jel 23 , 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on tha data statad above, at 11115_m.
55 4 00 1 day,	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as ollows.
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPPER atc.	highena
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or businass in which	(acut Trackes-tronchilis) det 17,
work was dona, as SILK MILL, Own dame	
Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and year) 11. Total tima (years) spant in this 40 occupation year)	
12, BIRTHPLACE (city or town) Clinical	Other Contributory Causes of importanca:
(State or country)	Toric mus o cardilis Jet 17
II 13. NAME Cavin Casswell	
14. BIRTHPLACE (city or town).	Name of operation. Date of
- Country)	What tast confirmad diagnosis? Mone Was there an autopsy? Ma
15. MAIDEN NAME Sarah Smith	23. If daath was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sarah Smill	Accident, suicide, or homicide? Data of injury, f9,
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT V M Cent Y Miller (Addrass)	Specify whathar Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, UR REMOVAL	Mannar of injury
Placa Pracalaway + MaDate & Le , 1902	Natura of injury
19. UNDERTAKE Thomas F. Munay Son	24. Was disaase or injury In any way ralated to occupation of deceased? YO
(Address) 2007- Michola Cives J. S. E.	If so, specify
20. FILED Feb. Mb, 193 h Runa Hust	(Signed) M. D. M. D. C. M. D. D. C. M. D. D. C. M. D. D.
Registrar.	(Address) JCll J. Wenning J.S. D. C.

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis 1 2 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
made annual stages			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH state infor 1. PLACE OF DEATH of should Registration Dist. No. 2 Village or City_ Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. statement 2. FULL NAME ECORD. (a) Residence: No. Ward. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 21. DATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, DIYORCED (write the word) (Month) assified. BINDING 5a. If niarried, widowed, or divorced HUSBAND of CERTIFY, That I attended decessed from 22. (or) WIFE of H 6. DATE OF BIRTH (month, day, end yeer) properly to have occurred on the date stated above, at ... 7. AGE Months Days FOR 1 day.....hrs. The PRINCIPAL CAUSE OF DEATH and related couses of Importance or min. Trade, profession, or particular kind of work done, as SPINNER, MARGIN RESERVED 0 SAWYER, BOOKKEEPER, etc. OCCUPAT should may back 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc...... 10 Date deceased last worked at 11. Total time (years) this occupation (month end spent in this that occupation ... Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Neme of operation ... 14. BIRTHPLACE (city or town) OF DEATH in plain (Stete or country) carefully MOTHER 15. MAIDEN NAME important 16. BIRTHPLACE (city or town (Stete or country Where did Injury occur?____ 17. INFORMANT plnods (Address) 18. BURIAL, CREMATION, WRITE Manner of injury S CAUSE mation Nature of injury _____ LION 19. UNDERTAKER (Address) S. No. If so, specify

23. If death wes due to externel causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased? Registrar. (Address) _____ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Day)

(Yeer)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Part of the state	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial neuliritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	Ē		
			1

ADDITIONAL SPACE FOR FURTHER STATEME	NTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	ESSO
/ County Prince George	Registration Dist. No. 23/
Village or City Bladens thing md	No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number) ss. ds. How long in U.S. if of loreign birth? yrs. mos. ds.
(a) Residence: No. Sladens Lung 240 (Usual place of phode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widows 1	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles & Crosses 6. DATE OF BIRTH (month, day, end year)	22-726 HEREBY CERTIFY. That I attended deceased from 1932, to 7-05-23, 1932 last saw have alive on 7-05-23, 1932; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at. 7m.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end year) occupation.	apo jurgi
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance: Other Contributory Causes of importance:
13. NAME MUKESOW	
14. BIRTHPLACE (city or town)(State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an eutopsy? 12
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Lolus Practice (Address 1244 Madrice at Mth Moch 10)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Practice for N. C. Dete 7-4 27, 19.82	Manner ol injury
19. UNDERTAKER (Address) 20. FILED FLED 24, 19 22 M. D. Shiell	24. Was disease or injury In any way related to occupation of decessed? If so, specify (Signed) The Callette (M. D.
	II so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

RESERVED

MARGIN

PLACE OF DEATH County Prince George



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 235

		-	** .		
llage or	CitBoul	evard	Hts	(No.	

St.: Ward)

(If deeth occurred in a hospitel or institution, give its NAME insteed of street and number.)

Paul Distl 2FULL NAME number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED OR-DIVORCED (Write the word) Male White Marrie (Month) (Year) (Year) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH January (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 4,204 m. I day hrs. The CAUSE OF DEATH * was as follows: or min.? 8 OCCUPATION (a) Trade, profession or Mattress Maker particular kind of work (b) General nature of industry business, or establishment in Which employed or (employer)... 9 BIRTHPLACE Secondary (State or country) Hungary 10 NAME OF FATHER George Distl 11 BIRTHPLACE *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. OF FATHER Hungary (State or country) 12 MAIDEN NAME Unkno wn 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place of death... OF MOTHER Hungary yrs.....ds. (State or Country) Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? Former or usual residence Mrs. Nellie M. Distl DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL (Address) Boulevard Hts Feb 27 Oedar Hill 20 UNDERTAKER

If more bienks are needed, address State Registrar, 16 W. Seretoga St., Balto., Rouesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a ," etc., Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PERSONAL AN SSINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) [If LESS than 7 AGE I day hrs. B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country 10 NAME OF FATHER 11 BIRTHPLACE PARENTS OF FATHER (State or country) 13 BIRTHPLACE OF MOTHER (State or Country) (Address

Registrar

If more branks are needed, addr. s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

RIIFICALE OF DEATH

Registration Dist. No. 242

St.: Ward) (If death occurred

St: Ward) a hospital or institution, give its NAME listead of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH IN. 27 ", 1923 2
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
7 ch / 4 193 2 to 7 ch 7 193 2
that I last saw h a alive on 7 et 1 7 , 1987,
and that death occurred on the date stated above, at 1240 And
The CAUSE OF DEATH * was as follows:
Rulmonsay Interculous
(Duration)ds,
Contributory Pulmonary Newschope
(Duration) yrs,mosds,
(Signed) D. M. D.
Fell Ory 193 HAddress) Forestable med
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ients or Recent Residents)
At place of death yra mos de. In the State yra ds.
Where was disease contracted, if not at place of dea.h?
Former or usual residence
19 BLACE OF BURIAL OR REMOVAL , DATE OF BURIAL
() d d' , m = Chap () Harol 1/37

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, without more precise specification as Day .For persons who have no occupation Locomotive engineer, not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) (Recommendations on statement of cause of unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic etc. valvular heart The contributory Always qualify all Measles ; disease

If this certificate is looked over thoroughly-and.a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No. Village or City (If death occurred in a hospital or institu-Ward) tion, give its NAME innumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED OR DIVORCED (Writa the word) I HEREBY CERTIFY, That I affended the deceased from 6 DATE OF BIRTH 15 1923/ to July that I last saw her alive on The (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE (State or country) 04 OG 10 NAME OF FATHER 0 11 BIRTHPLAC OF FATHER *State the Disease Causing Death, or, in 07 deaths from (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. CAU 12 MAIDEN NAMI C PA 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transcup ienta or Recent Residents) CCU 13 BIRTHPLACE At place of death... In the OF MOTHER (State or Country) should ent of Oc Where was disease contracted, if not at place of death?... CIANS sho Former or usual residence (Informant) DATE OF BURIAL (Address) If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDIN

RESERVED

MARGIN

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE GAUSING DEATH, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-," etc., without more precise specification as Day Foreman, For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman. (b) Grocery At Home, and children, Compositor, Architect, (b) For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The Laborer-Coal mine, etc. Locomotive not gainfully em-The quesmaterial engineer, Womre

spinal meningitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect) Statement of Cause of Death-Name, first, the production Typhoid fever (never report "Typhoid Pneumonia"); (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> as fracture of skull, and consequences (e. g., sepsis, clanss) may be stated under the head of "contributory." relecommendations on statement of cause of death (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicuomia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. can be ascertained as the cause. 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Chronic etc. The contributory valvular heart Nomenclature Always qualify all disease;

permanently filed answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and al questions

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 01841
County Prince Georgee	Registration Dist. No. 245
Village or City Edmonston	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?
2. FULL NAME Foster	
(a) Residence: No. 3 St Marys (Usus place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Flence Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH February 134, 1932 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERT1FY, That I attended deceased from 19 19
6. DATE OF BIRTH (month, day, and year) farmany 3/4 /932	
7. AGE Yaars Months Days If LESS than 1 day,hrs ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spant in this spant in this	Last treetment 6-days byon death for cold
12. BIRTHPLACE (city or town) Edmonton - Paine	Other Contributory Causes of importance: Canknown
(State or country) Singer Lemity (Mayland	John J. Frante parting Comes
13. NAME Glorge Fosler 14. BIRTHPLACE (city or town) anna Rudle Condy (State or country) Mayland	Nama of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Since Johnson 16. BIRTHPLACE (city or town) Windmissland lands (State or country) Virginia 17. INFORMANT Blorge Foster (Address) Edymonston maryland	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Bladensburg Date 2/13/3219	Manner of injury
19. UNDERTAKER F. Basch & Long (Address) Thy alleville many land	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Tel. 19 32 Mo as Beren. Registrar.	(Signed)M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1. RAR / 1952	4		
	2		
Other contributory causes of importance:	7 9	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

X 1 :	4 + 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
J Jo	State UPA-	1. PLACE OF DEATH	93-0
	occi	County Prince Georges	Registration Dist. No. 235
ite.	should f OCC	Village or City Frestfield	NoSt.,Ward
		(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)
Ver	nem	2. FULL NAME Joseph Gallun	
SCORD. Every i	statement	17 410	St Ward.
N N N	sta	(a) Residence: No. 1 Forestype (Sual place of abode)	St., Ward. If nonresident give city or town and State
	Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	×	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
# Z	assified.	5a, If married, widowed, or divorced HUSBANO of (or) WIFE of Ray Gallun	22. I HEREBY CERTIFY, That I attended deceased from
N SEN	42.	6. DATE OF BIRTH (month, day, and year) Month Kur	
- H	rly	7. AGE Years Months Days If LESS than	to heve occurred on the dete stated above, at 7 10 4m.
FOR IS A	stated E properly certificate	6 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
- 70	- 1	8 Trade profession or particular	Oate of onset
ED	be of	SAWYER, BOOKKEEPER, etc. Merchant	Muyo constitus, chronic.
RESERVED G INK-THE	should it may n back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	I direction : matefine te Copy
ES N.	n it sh	10. Oate deceased last worked at this occupation (month) and spant in this	
RE G		year) 14.52 occupation 10	Other Contributory Causes of importance:
Z	se t ctio	12. BIRTHPLACE (city or town) Museum	acute foline
MARGIN	oplied. AGI erms, so tha instructions	(State or country)	<u> </u>
AR		H 13. NAME UNLINOUS	
" " Interest	su see	14. BIRTHPLACE (city or town) (State or country)	Name of operation Oete of Oete of
	ll s	m l	What test confirmed diegnosis? Was there an autopsy?
	be carefu EATH in p important.	I	23. If death was due to externel ceuses (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?
LY	por por	5 16. BIRTHPLACE (city or town) Russia (State or country)	Where did injury occur?
LAIN	DOP	17. INFORMANT Lower Gallung (Address) Free the lite had	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
P	700	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	on s	Place Balto Md Octo Teb 29, 1932	Neture of injury
0. 1 W	mation CAUSE	19. UNOERTAKER B. Danzausky (Addiess) 3 501714 FF Strue	24. Was disease or injury in eny way related to occupation of deceased?
S. N.		2-29 12 That F. 9. St. St.	(Signed) James 2, 13 and M.
> Z	(T)	20. FILEO 19 Registrar.	(Adgress) Forestville My
		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
the state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN						
			,			

REVISED UNITED STATE STANDARD CERTIFI-CATE OF DEATH

[Approved by U. S. Census and American Public Health Assn.]

EASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who "Dealer." etc.. without more precise specification, as Day Laborer, Farm Laborer, Laborer—Coal Mine, only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. dustry, and therefore an additional line is man, etc. But in many cases, especially industrial employments, it is necessary to know (a) the kind of who have no occupation whatever, write None. indicated thus: Farmer (retired, 6 yrs.). For persons wife, Housework or At home, and children, not gainreceive a definite salary) may be entered as House-Never return "Laborer," "Foreman," "Manager," vided for the latter statement; it should be used work and also (b) the nature of the business or inrespective of age. The question applies to each and every person, irhealthfulness of various pursuits can be known. occupation is very important, so that the has been changed or given up on account of the DISbe taken to report specifically the occupations of fully employed, as At school or At home. Care should Locomotive Engineer, Civil Engineer, Stationary Fire-Farmer or Planter, Physician, Compositor, Architect, word or term on the first line will be sufficient, e. g., persons engaged in domestic service for wages, Statement of Occupation .- Precise statement of Cook, Housemaid, etc. If the occupation For many occupations a single relative pro-

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin

Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis tetanus) may be stated under the head of "Contributory." (Recommendations on sulting from child birth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State "Weakness," etc., when a definite disease can be asmere symptoms or terminal conditions, such as "As thenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Cancer" is less define; avoid use of "Tumor" for tion. on Nomenclature of the American Medical Associastatement of cause of death approved by Committee amples: Accidental drowning; Struck by railway train ably such, if impossible to determine definitely. fy as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as probcause for which surgical operation was undertaken. certained as the cause. Always qualify all diseases re-Example: measure various, 10 ds. Never report Bronchopneumonia (secondary), 10 ds. Never report current) affection need not be stated unless important. Chronic valvular heart disease; malignant neoplasms); Measles; For VIOLENT DEATHS state MEANS OF INJURY and quali-Example: Mcasles (disease causing death), 29 ds.; nephritis, etc. The contributory (secondary or inter--accident; Revolver wound of head-Chronic interstitual Whooping cough, -homicide;

ADDITIONAL SPACE FOR FURTHER STATEMENTS

MAR 5 1932

BY PHYSICIAN

BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset
Arteriosclerosis	MAP 5 7000	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	TELLE V.S.	July 5, 1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ä ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	U1845
County Prince George	Registration Dist. No. 235
Village or City Bennings Statea De.	78 No. 1 Bex 5 6 St Ward
Length of residence in city or town where death occurred 40 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Henry H	elmer
(a) Residence: No. Bernings Sta W.C. THE Box	A56 Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write the word)	Teb 9 100 2
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Thelew Mars Linthieum	22. I HEREBY CERTIFY, That t attended deceased from
6. DATE OF BIRTH (month, day, and year) Och 14 1851	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 493P2 m.
80 3 26 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, Farmule	Reset havened
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, es SILK MILL, Own Taxus 10. Date deceased last worked at this occupation (month end)	Uran Altonian
SAW MILL, BANK, etc.	1 Charu
spantin this ///	Lack Seen aluce 1 30pm.
year) rear / OZ occupation 50 yrd.	Other Contributory Causes of impoplanco;
12. BIRTHPLACE (city or town) (State or country)	Sewill Galey
The state of the s	
E D A F.	
4 14. BIRTHPLACE (city or town) terming the (Stete or country)	Namo of operation Date of
15. MAIDEN NAME Mushing and	What test confirmed diagnosis? Was there en autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occurs & ear Pleasant Prince George &
0 71.01	Specify city of town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT del Perguera (Address)	
18. BURIAL, CREMATION, OR REMOVAL	
Place Forestriele Date 4/2 1932	Manner of injury
19. UNDERTAKER Pitchie Bros.	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Pilchie mol.	If so, specify no Thos. D. Suffith act low
20. FILED 10 , 1932 Thos. & Suffelle	(Signed) Soul & Van Gatta M.D. (Address) Ukkey Warlboro N#1
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUNEAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	---------	-------------------	----	-----------

BINDIN

FOR

MARGIN RESERVED

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was donc.
- 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. may be WIDOWED. OR DIVORCED pino Write the word 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from (Month) (Day) ö 7 AGE IIf LESS than and that death occurred on the date stated above, at ... upplied. I day hrs. The CAUSE OF DEATH * was as follows: ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry d business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) DD 0 RENTS OF FATHER *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. deaths from SO CAUS (State or country) (2) Whether PA 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transd state ients or Recent Residents) In the At place ___yrs......ds. (State or Country) Where was disease contracted, if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Every item CIANS sho statement Former or usual residence DATE OF BURIAL 20 UNDERTAKER Registrar If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

RESERVED

MARGIN

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (o) Salesman, should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been change, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupationwhatever, write None. business, that fact may be indicated thus; Farmer (te worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a etc., report specifically the occupations of persons en-Foreman, For many occupations a Form laborer, Loborer-Coal mine, etc. Womwithout more precise specification as For persons who have no occupation (b) Automobile foctory. The material -Precise statement of ocsingle word or term on (b) Grocery; Day

spinal meningitis"); Diphtheria (avoid use of "Croup" fever (the only definite synonym is "Epidemic cerebro-Typhoid fever (never report "Typhoid Pneumonia"); ed term for the same disease. Examples: Cerebrosping EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DE to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on Recommendations on statement of cause of death inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. American Medical Association.) es fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid "" "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. The contributory valeular heart Nomenclature disease;

data is essential permanently filed If this certificate is looked over thoroughly and all questions is essential and must be obtained before the certificate is ered in detail, it will prevent further correspondence.

5

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Tringe Shouk Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long In U.S. if of foreign birth?_____yrs.____mos.___ds. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) land (Month) BINDING 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) certificate. 7. AGE If LESS than Months Days to have occurred on the date stated above, at J 1 day,____hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance or min. were as follows: 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc... Makricalri OCCUPATION back Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc..... should may on 10. Date deceased last worked at 11. Total time (years) this occupation (month and instructions Other Contributory Causes of importance: day of death MARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation____ plain (State or country) carefully What test confirmed diagnosis? Churceal Was there an eutopsy? In a MOTHER important. 15. MAIDEN NAME .5 23. If death was due to external causes (VIOLENCE) fill In elso the following: OF DEATH 16. BIRTHPLACE (city or town). Accident, suicide, or homicide?______ Dete of injury______ 19_____ (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVA Manner of injury AUSE mation Nature of injury LION 19. UNDERTAKER (Address) If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example		1	Example II	
The principal cause of death and r of importance were as follows: Arteriosclerosis	HIVE H	e of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	Jul	y5,1927	Peritonitis	3 days ago
E U 2.1	AO V 6			
Other contributory causes of impo	rtance:		Other contributory causes of importance:	
Gallstones	Ma	y 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

te re	STATE OF MARYLAND—	CERTIFICATE OF DEATH 61849
of info	1. PLACE OF DEATH County Prince Leves	Registration Dist. No. 2 42
should of OCC	Village or City Copy tol Heights Med.	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
D. Brery SICIANS tatement	Length of residence in city or town where death occurredyrsmos 2. FULL NAME	ds. How long in U.S. if of foreign birth?yrsmosds.
ECORD. PHYSIC	(a) Residence: No. 3.9 (Urgal place of abode)	St., Ward. If nonresident give city or town and State
RECC PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A A A	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Wonth) (Day) (Year)
IDING MANEN ACTI assified.	5a. If marriad, widowed, or divorced HUSBAND-84 (or) WIFE of Thomas Hing	22. HEREBY CERTIFY That I attended deceased from 1932 to 1935
PERMA d EXA rrly class	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7 5 m.
FOR B. IS A PE stated E properly certificate	43 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related cluses of importance were as follows: Date of onset
RVED could be may be back of	o. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL.	(Lympholic)
SER NK- show it m	SAW MILL, BANK, etc	Leukocythemia (Lumphatic)
NRGIN RESOLUTION NEADING I Pilied. AGE Prims, so that instructions	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
MARGIN UNFADI supplied. n terms, se	(State or country) 13. NAME 7. Namels	7
M H l su su in	13. NAME 14. BIRTHPLACE (city or town) (Stata or country)	Neme of operation
efull in pl	15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
THE THE	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Slate or country)	Accident, suicida, or homicide? Date of injury, 19
E PLAINLY Should be co	17. INFORMANT Mr. Thomas King Mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
TE o E O is v	Place Cedar Hill, Med Date Let. 24, 1932	Manner of Injury
mation CAUSH TION	19. UNDERTAKER # 24. Sand to Co- (Address) #12 - 21. Street 7. C.	24. Was diseasa or injury in any way related to occupation of deceased?
N. B.	20. FILED Jell 23, 1932 John & Messell Registrar.	(Signed) Willia W. Fir Harles D. D. (Address) 4 09-518/HE Harles D. C.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotek, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operation," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill, etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

sary to tired 6 yrs). state occupation at beginning of illness. If retired should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Furnior (xe gaged in domestic service for wages, as Servant Cook, Housemaid, etc. If the occupation has been clarged or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant to report specifically the occupations of persons-enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, without more precise specification as Day (b) For persons who have no occupation Automobile factory. The material -Coul mine, etc. Wom-6 Grocery; from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," ; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., scpsus, lotanus) may be stated under the head of "contributory." Recommendations on statement of cause of American Medical Association.) approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemiu," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar; or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menfracture of skull, and consequences (e. g., scpsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular Example: Measles (disease etc. The contributory Always qualify all heart Measles; not be disease;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

100

1 PLACE OF DEATH	STATE OF MARYLAND
The same	CERTIFICATE OF DEATH
County	Registered No. 242
Village or City O Williage or Ci	Ward) [If death occurred in a hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word single)	(Month) (Day) (Year)
B DATE OF BIRTH (Theil 17 1887	1 HEREBY CERTIFY, That I attended deceased from 3, 1982 to 1982
/(Month) (Dsy) (Yesr) 7 AGE 49 If LESS than	that last saw h alive on 19
g f day, hrs.	The CAUSE OF DEATH* was as follows:
yrs. mos. Ads. OR min.?	Cerebral opollety
(a) Trade, profession, or a work work	
(b) General nature of industry, business, or establishment la which employed (or employer)	Hen how (Buration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF	(Ourafion)yrsmosds.
S 11 BIRTHRIAGE	The lines are a state of the
I I BIRTHPLACE OF FATHER (State or country)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the
14 THE ABOVES TRUE TO THE BEST OF MY, KNOWL DGE	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
(Informant) (Informant)	If not at place of death? Former or usual residence
Raddress) Sabuta Heyris Mil	Washington, D. 6, Feb 3, 1802
Filed feling 2, 1982, John & Weds V. REGISTRAR	WW6 hanks 60 1400 Chapiro M
If more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should he used only when needed. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can he known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death alternation with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc., Carcinospinal death of lungs, peritonaeum, etc.,

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railreay train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measics; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 5 193

- t + -	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	<u> </u>
n of mould	County June Georges	Registration Dist. No. 1034
sho of o	Village or City acche	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
= •		ds. How long in U.S. if of foreign birth?yrsmosds.
Every CIANS ement	2. FULL NAME Joseph E. Dun	uson
ND. Every YSICIANS	(a) Residence: No. acchih h	C. St. Ward.
OH.	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
A .	3. SEX 4. COLOR OR RACE Colored. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Day) (Year)
BINDING PERMANEN E X A C T I y classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
BIND ERM EX A y clas y clas te.	0 .0.7	, 19, to, 19
BI PEF E	6. DATE OF BIRTH (month, day, and yeer) Cary. 22 - 1917.	l last saw h; death is said
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
FOR IS A stated proper	8 Trade profession or particular	were as follows: Surgerish Shot in Date of onset
- 70	SAWYER, BOOKKEEPER, etc.	. Forehead will slich
RVE ould may back	9 Industry or business in which work was done, as StLK MILL,	£
INK—T should t it may on back	kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as Stl. K MILL, SAW MILL, BANK, etc. 110. Data deceased last worked at this occupation (month and spent in this counting	-
	this occupation (month and 1932 spant in this fe	
Z	12. BIRTHPLACE (city or town) hong lond -	Other Centributery Causes of Importance:
MARGIN JUNFADIN supplied. A n terms, so t ee instructio	(State or country)	
MARGI UNFAI supplied. n terms, ee instru	13. NAME Home	
MAH UH U sul	13. NAME 14. BIRTHPLACE (city or town)	Name of operation Dete of
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(State of country)	What test confirmed diagnosis? Was there an autopsy?
	15. MAIOEN NAME Susan Dent. 16. BIRTHPLACE (city or town) May land.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident, suicide, or homicide? 19.3 2
INLY, be car EATH import	16. BIRTHPLACE (city or town)	Where did Injury occur?
In Ed be	phung. munison	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
S PLA Should OF D	17. INFORMANT (Address) ach no	
F-7 .01	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
MARITA AUSH ION i	Place Date 19.	Nature of injury
Martion CAUS TION	19. UNDERTAKER Fruits Fruits	24. Wes disease or injury in eny way related to occupation of deceased?
No.	(Address) Walder Miles	(Signed) Thos & Suffell all Core
× × ×	20. FILED FILL NJ., 1932 There Hoser To	(Address) Forestirles med
	The state of the s	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BULLEU V.	N 7			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSI-

of informa statement of CIA EVe

N.

No.

ಯ

	01000
PLACE OF DEATH	STATE OF MARYLAND
County Prince Grozges	CERTIFICATE OF DEATH
1	Registration Dist, No. 2 X
Village of Chilliam (No	
Village or City (110.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME In aria V. Park	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. MIDOWED WIDOWED OR DIVORCED	16 DATE OF DEATH Feb. 21, 1932
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 L. HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h Elalive on File 21, 193.2
7 AGE If LESS than	40
day brs.	The CAUSE OF DEATH * was as follows:
F3 yrs. 8 mos. 10 ds. or min.?	
B OCCUPATION	
(a) Trade, profession or at home	alenoselerosis
(b) General nature of industry business, or establishment in	(22
which employed or (employer)	(Duration) (Duration) (Duration) (Duration)
9 BIRTHPLACE (State or country)	Contributory
mary cano	(Durstion)
FATHER BENJ Danes,	(Signed) filed of Carponi, M. E.
11 BIRTHPLACE	Meh 22192 2 (Address 49 Cagnal M)
Cop FATHER (State or country) many land	*State the lis ase Causing Treath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME)	
of MOTHER THE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER Mary land	At place of deathyrsmosds. Stateyrsmosd
(State or Country)	Where was disesse contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) J. Jones Parker.	usual residence
Chilliam hid.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Vash. d. 193
15 - Fil 22 1082/ tom hall 14 ds	20 UNBERTAKER ADDRESS
Filed V.	Mash. W.

If more b.anks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salcsman, (b) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Screant, Cook, definite salary), may be entered as Housewife, Houselaborer, Furm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write Nonc. Housemard, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation without more precise specification as Day Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septieaemia," "PUERPERAL peritonitis, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Mcasles; American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	54
1. PLACE OF DEATH	(F3-02)	() L
County Ormes Teage	Registration Dist. No. 246	
Village or City mt Kamer md	No. 370 / Sunker Still Rd. St., death occurred in a horpital or institution, give its NAME instead of street and number	Ward
	death occurred in a horpital or institution, give its INAIVIE, instead of street and number	r) ds.
2. FULL NAME Florence L. Prince		
(a) Residence: No. 3701 Bunker Elill R	Pelst. Ward. *	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Transported to the control of the co	21. DATE OF DEATH (Month) (Dev) (193	(ear)
5a. If merried, widowed or divorced HUSBANO of		
(or) WIFE of Frank a. Presce	1 HEREBY CERTIFY. That I attended decease	ed from
6. DATE OF BIRTH (month, day, and year) Oct 12 -	I last saw h alive on 7 th 2 , 19 2; deet	h is sald
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which	Cerebral / Brusmishyr Fil	21/2
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) MT Rainer me &	Other Contributory Casses of Apportance	days
13. NAME Charles It Charvey	They bur burns	2
(State or country)	Name of operation	
15. MAIDEN NAME Esura & fort	What test confirmed diagnosis?	
16. BIRTHPLACE (city or town) My Raggier med (State or country)	Accident, sulcide, or homicide?, 1	9
17. INFORMANT Transle a Prese (Address) 3701 Busher Itell Rd. not Rames.	Where did injury occur?	
18. BURIAL, CREMATION, OR REMOVAL DE COLOR	Manner of injury	
19. UNDERTAKER J. Jacks Jan	Neture of injury 24. Was disease or injury in any way related to occupation of deceased?	
20. FILED T. H. 2/2, 18PV Hay hally M.A. Registrar.	(Signed) (Address) With arms that	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.--The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- Contract	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis MAR 5 1932	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
PHEEAU V.	21. 11			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	--------	---------	------------	----	-----------

14

1PLACE OF DEATH	
County Prince Ger	(31)
Village or City Witchellvills M.No.	
2FULL NAME Mellie 1+ arvey R.	obris
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF
6 DATE OF BIRTH	17 L
October 22 1861	Heb
(Month) (Day) (Year)	that I last sa
7 AGE If LESS than	
70 yrs. 3 mos. 19 ds. or min.?	m
(a) Trade, profession or at home	Va
(b) General nature of industry	
business, or establishment in	
4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Contribute
9 BIRTHPLACE (State or country) Muryland	Secondar
1 10 NAME OF	1/1
FATHER James C. Harring	(Signed)
O 11 BIRTHPLACE	Heb 12
OF FATHER (State or country) Maryland	*State Violent Ca
of Mother Mani 4 and 1	Accidental,
13 BIRTHPLACE	ients or Re
OF MOTHER Marylund (State or Country)	At place of deathy
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disc
14 1 A A A A	Former or

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. ~ 06

(If death occurred in a hospital or institu-Ward) tion, give its NAME in-stead of street and number.) MEDICAL CERTIFICATE OF DEATH DEATH (Month) (Day) HEREBY CERTIFY, That I attended the deceased from th occurred on the date stated above, at 12 OF DEATH * was as follows: (Duration) Causing Death, or, in deaths from state (1) Means of Injury and (2) Whether Suicidal or Homicidal. OF RESIDENCE (For Hospitals, Institutions, Trans-

cent Residents) In the

....mos......ds. ase contracted,

of death?..

BURIAL OR REMOVAL

DATE OF BURIAL

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Cure should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The questo report specifically the occupations of persons enen at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foremon, For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is necesyrs). Form loborer, Laborerwithout more precise specification as Day For persons (b) Automobile who have no occupation factory. The material -Coal mine, etc. Locomolire not gainfully em-(b) engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. approved by Committee on Nonenclature American Medical Association telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease inges, peritonocum, etc., Careinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anacmia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traincausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic affection need not be etc. The contributory valvular Always qualify all heart disease;

If this certificate is looked over thoroughly and all questions answered at detail it will prevent turner correspondence. All the data is essential and must be obtained before the certificate is permanently filed

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01856
1. PLACE OF DEATH	46)
County Prince George	Registration Dist. No. 23 [
Village or City Coleman Grano	No. / Wilson Cos St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2D_yrs,mos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Evelyen E. Rogers	3.4
(a) Residence: No. / Wilson One (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Meeric 4	21. DATE OF DEATH Jebruary 37th, 1932 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Chas. B, Rogers -	22. HEREBY CERTLEY. That I attended deceased from
CONT. OF NOTE Oct 5 - 1986	Harch 1930, to TCV 1932
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
35 4 22 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows: Molignant Cionnyana of ileuns ful 30
9 Andustry or business in which	menia.
work was done, as SILK MILL, SAW MILL, BANK, etc.	(Mysses)
O 10: Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Was living Town (State or country)	Other Contributory Causes of importance:
E C	A since Pla Ola Satur
4 14. BIRTHPLACE (city or town) Cugland (State or country)	What test confirmed diagnosis? I words face Was there an autopsy? To
15. MAIDEN NAME Quise Withers	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME COMIE Withers 16. BIRTHPLACE (city or town) Westmoreland Coff	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Ossis Wathers -	(Specify or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Machingline DC Date Mels / 1932	Manner of injury
19. UNDERTAKER Jusches Jours (Address) June 117 2001 15 2001 1	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
20. FILED- Fleb 287, 1982 M. D. Spicela. Registrar.	(Signed) July Sunting M. D. (Address) 3741 Sunting M.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	es Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SUPPLIE V.S. V				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.

PLACE	OF DEATH	4 4 4 4 4 4 4	1		STATE OF N	MARYLA	ND
County	Tr. Geo's				CERTIFICATE	OF DE	ATH
				(23)	Registration I	Dist. No.	240
1	Cheltenhause Cot	ey Rs	H	el Refor	mselionWard)	a hospital	occurred in or institu- its NAME in- street and
PERSO	NAL AND STATIST	ICAL PARTICUL	ARS	MEDICA	L CERTIFICATE C	F DEATH	
3 SEX Male	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	ingle	16 DATE OF DEATH	Febry (Month)	6(Day)	, 1932 (Year)
6 DATE OF BIE	RTH NUT	30 (Day)	, 1916 (Year)	that Gast saw ha	alive on That Satte	nded the d	1932,
7 AGE	13 yrs. 2	,	If LESS than I day hrs. or min.?			above, at/	
	rofession or nd of work nature of industry	Imm	ate	Tulinan	my Inte	red	asib
		House of	Reference	Contributory	(Duration)	yrs	mosds.
10 NAME OF FATHER	Harr	Ey Rus	sell	(Signed Willia 7 1322	(Address)	0 m	mosds. M. D.
OF FATH	HER or country)	Eginia		Violent Causes, star Accidental, Suicidal or		ury and (2	2) Whether
OF MOT	LACE	Crown		ients or Recent Residents of death	dents) s. 3. ds. In the State		mosds.
14 THE ABOVE	IS TRUE TO THE BEST	les, Su	let.	Where was disease contra if not at place of death Former or usual residence	cted, 3 Thompson	ist, b	Polto 6
(Add	Jess) Chette	uham,	Md	Chatter	am Ikd,	ADDRESS	8, 193.2
Filed Ja	el. 8. 1932.J.		Rogistra:	J. B. Sylver, B. W. Saratofa St., B	e, Suft.	Chal	tenha
	at those branks are	moderny manages we		7			YHOU

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Total mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reen at home, who are engaged in the duties of the Civil engineer, Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, uner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many (not paid Housekeepers who receive a Locomotive engineer,

Strtement of Cause of Death—Name, first, the bis-EACT CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, oras probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Aecidental drowning; Struck by railway train-American Medical Association.) elanus) may be stated under the head of "contributory." Recommendations on statement of cause of death FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic etc. The contributory valvular heart Nomenclature of the need Measles ; not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

14

mil

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	1858
1. PLACE OF DEATH		159	2 2
County Prince De	orge	Registration Dist. No. 2	53
Village or City Noom	<u></u>	No	Ward
Length of residence in city or town where deeth		death occurred in a hospital or institution, give its NAME instead of street and r ds. How long In U.S. if of foreign birth?	
2. FULL NAME	Simmon		
(a) Residence: No.	ywwww	St., Ward.	
(a) Residence: No.	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Fremale (Oolorld)	SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word)	21. DATE OF DEATH TIEL 22 (Day)	, 1932 (Yaar)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, end year)	1- 18 1032	I last saw h alive on	
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated ebove, etm. The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were es follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	ione	Premature Birth	Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and			
10. Date deceased lest worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Dther Contributory Causes of importance:	
12. BIRTHPLACE (city or town)		Dillot Constitution of Importance.	
(State or couply)			
13. NAME TOTAL 14. BIR (HPLACE (city or town)	Dimmo		
14. BIR (HPL/CE (city or town)	d	Name of operation	
	2 mouse	What test confirmed diegnosis? Was there en a	
15. MAIDEN NAME OROCK 16. BIRTHPLACE (city or town) (State or country)	do	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of Injury	
17. INFORMANT John Fi	Dimma	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CRIMATION, OR REMOVAL	Elle	Manner of injury	
Place Oroom D	Date Tel Rily 1932	Neture of injury	
19. UNDERTAKER James ((Address)	Brooks	24. Was disease or injury in ony way related to occupation of deceased?	
20. FILED Feb 22,1932 6 pm	est W. Farner	(Signed) MUSL W. Darner (Address) (Address)	nd. M. D.
n	***************************************	700-4440-64	100

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
ArteriosclerosisECEIVED	1915	Attack of epilepsy .	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NAAR 3 1932	July 5, 1927	Peritonitis	3 days ago	
SUPEAU V. S.				
Other contributory causes of importance:	3	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STA	TEMENTS BY	PHYSICIAN
----------------------------------	------------	-----------

HYSI-Exact RECORL Every item of information should be carefully supplied. ACE should be stated EXAC CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class BINDING PERMA MARGIN RESERVED FOR IS VITH UNFADING INK--THIS V. S. No. 1 N. B.--

lificate.	PLACE OF DEATH County Presse Glorg County Village or City Ardmore (No. Presse Glice Suria	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 24 St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
s on back of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Normal 6 DATE OF BIRTH	(Month) (Day) (Year) (Month) (Day) (Year) (Year) (Month) (Day) (Year) (Y
uction	(Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at
Str	6 4 yrs. 6 mos. ds. or min.	The CAUSE OF DEATH * was as follows:
ant. See in	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	My orandial deglessyation Sullevillial nephristis!
ery importan	which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 10 NAME OF	Contributory Secondary Secondary Duration) Justine M. D. (Signed) M. D.
10% IS	OF FATHER (State or country) Class, Calculy 12 MAIDEN NAME)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
A COCO	OF MOTHER Pulle Manageous 13 BIRTHPLACE OF MOTHER (State or Country) Way, Co, Male	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
latement of	(Informant) (Address) R.7.10. 3 Box 119 Wax Var	if not at place of death? Former or usual residence. 19 PLACE BOURIALOR REMOVAL DATE OF BURIAL Washington LL. 2-7, 19.3.2
מס	Filed Febr. both 1932 Mrs. John W. Hrmsm	P. a. Long 1401-S. St. N.
1	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons en-For many occupations a single word or term on home, who are engaged in the duties of the yrs). For persons who have no occupation Farm laborer, Laborerwithout more precise specification as Day Compositor, Architect, -Coal minc, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. (secondary Chronic interstitial nephritis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite discase approved by Committee on Nomenclature American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), or intercurrent) cough; Chronic Example: Measlcs (disease valvular heart disease; etc. The contributory affection need Always qualify all not be of the

If this certificate is leaded on thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

V. S. No. 1

1 9 1	
infor- state UPA-	1. PLACE OF
S P S	County
Every item of CIANS should tement of OCC	Village or City
nt NS	Length of reside
Eve XIA Eme	2. FULL NAM
RD. YSIC state	(a) Residence
CO PH ct	PERSONA
REC Y. F Exac	3. SEX
Zilig	May
UNFADING INK-THIS IS A PERMANENT-RECORD. upplied. AGE should be stated EXACTLY. PHYSI terms, so that it may be properly classified. Exact state instructions on back of certificate.	5a. If married, widowed HUSBAND of (or) WIFE of
EX EX cl	6. DATE OF BIRTH (m
erly icat	7. AGE Years
S tate	65
be sof ce	8. Trade, professi
r H d b y b k o	SAWYER, B
ma bac	SAW MILL,
G INE GE sh that it ms on	10. Date deceased this occupa year)
NG AG tha	
d.	12. BIRTHPLACE (city (State or countr
NF/	H 13. NAME
sup sup in te	A 14. BIRTHPLACE (
ITTH IIIJy plai	(State or co
werefu in ant	15. MAIDEN NAMI
L PLAINLY, should be car OF DEATH very import	O 16. BIRTHPLACE (
-WRITE PLAINLY mation should be ca CAUSE OF DEATH TION is very impor	17. INFORMANT
PL. ould F I	(Address)
sh E O is v	18. BURIAL, CREMATIO
-WRITE mation sl CAUSE TION is	Place
LW mat CA TIC	19. UNDERTAKER

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1860)
1. PLACE OF DEATH	<u> </u>
County Or Durys	Registration Dist. No. 22 320
Village or City Lorwyn	No. St., Ward
11 12	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
0 // 0	A
(a) Residence: No. (Ugdal place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widgwed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
(or) WIFE of Leve Monn Stubblefield	22. I HEREBY CERTIFY, That Lattended deceased from 21, 19, 22, to 1, 10, 10, 10, 10, 10, 10, 10, 10, 10,
6. DATE OF BIRTH (month, day, and year) DW 10 1868	I lest say h man allve on 1 18 May 8, 1997; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et. L. J. m. The PRINCIPAL CAUSE OF DEATH end related causes of importance
68 / 39 Iday,hrs.	were es follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Contractor SAWYER, BOOKKEEPER, etc.	Shees I regar side of 4 from
9. Industry or business in which work was done, as SILK MILL.	affe a
kind of work done, as SPINNER, Controller SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and page) year) 12. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME Chomas Shibblifulil	Carrys
13. NAME Mornes Stubblisheld 14. BIRTHPLACE (city or town) Virginites	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?///
15. MAIDEN NAME Langua Bayne	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Louge Bayne 16. BIRTHPLACE (city or town). Belle Rage U. a.	Accident, suicide, or homicide. Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or to yn, county and State)
17. INFORMANT	Specify whether injury occurred in NDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR GENOVAL BE Jelle 10 1932	Manner of injury
Place Date Date Flow 10, 190	Nature of Injury.
19. UNDERTAKER J. Jaselye Sous (Address)	24. Was diseasa or Injury In any way related to occupation of decaased?
20, FILED Fet 10., 19 32 John Demuth. Registrar.	(Signed) M. D. (Address) Aund M.D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example DEIVE		Example II			
The principal cause of death and related causes of importance were as follows: AR 4 1932	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	61861
County Pr. Deos County	Registration Dist. No. 2 42
Village or City Maryland Party	NoSt.,Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U. S. If of foreign birth?mosds.
2 FULL NAME James Vincent Wa	aenhouser.
(a) Residence: No. Seat Pleasant Ms.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Whole Undowed	21. DATE OF DEATHY 27, 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie alice Wagenhousen	22. J. HEREBY CERTIFY. That I attended deceased from 23 1932 to Jeh 27 1932
6. DATE OF BIRTH (month, day, and year) April 25 1855	I lesi sew h. sm alive on Freh 97 , 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6:35 Pm.
76 10 2 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER Retried Walssmith SAWYER, BOOKKEEPER, etc.	Cerebral hemorhage 2/23/32
kind of work done, as SPINNER Rulied Ladsmills SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10, Date deceased last worked et 1933 11. Totel time (yeers) this preparating (month and	0
10. Date deceased last worked et this occupation (month and 1923 spant in this yeer) yeer)	
A PRINTING OF CITY OF THE PRINTING OF THE PRIN	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
II 13. NAME	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation None Date of
(State of country) Rumany	What test confirmed diagnosis? None Was there an europsy? no
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
(Stete or country) Sermany	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT atard W. Close (Address) Valley St. Maryland Park	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Place Wash. D. Dete Feb. 28, 1932	Manner of injury
19 UNDERTAKER WW Chambers Co	24. Wes disease or Injury In any wey releted to occupation of deceased? 24.
(Address) 1400 Chapin St n. W.	If so, specify
20. FILED Feb. 28, 1932 Brace alow Registrar.	(Signed) W- Stut Old Chie M.D. (Address) Pte J Serry Sta O.S.
If more blanks are needed address State Periode as	N. Charles Street Patrice. D. 171 C. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	\	Example II			
The principal cause of death and related of importance were as follows: Arterioselerosis	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
AURRAU	V. S. 1				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

classifled

back

terms

pia

2

6 DATE OF BIRTH

7 AGE

FNTS

D.

K

PLACE OF DEATH	
County Un Kes.	
County	



16 DATE OF DEATH

MEDIC

CERTIFICATE OF DEATH

Registration Dist. No. 2 3

St: Ward	(If death occurred in a hospital or institution, give its NAME is stead of street and number.)
L CERTIFICATE	OF DEATH
Frby 7	1002
	(Day)(Year)
CERTIFY, That I at	tended the deceased fron
192 to	, 192
	100

and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: (Duration) Secondary

		l'iscase Car						
	Violent Causes, Accidental, Suicid	state (1) !	Means al.	of	Injury	and	(2)	Whether
-			-					

18 LENGTH OF RESIDENCE	(For	Hospitais,	Institutions,	1 Pun
ients or Recent Residents)		700	2.	
		1 - 2		

At place of deathyrsmosds.	In the Stateyrsmosds
Where was disease contracted,	

it not at place of dea h?......

Former or

19 PLACE OF BURIAL OR REMOVAL

, ,	6 22	OF	BU	RIAL
				19

20 UNDERTAKER

A	D	D	R	E	S	S	

IIf LESS than I day hrs. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)

Babe locks

OR DIVORCED

5 SINGLE.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE

If more banks ate needed, addre. s tate Kegistrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to c ch and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation 6 Grocery;

Stretement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia")

> tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, curbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic Example: Measles (disease etc. The contributory valvular heart Always qualify all

If this certificate is looked over thoroughly and all qu stions unswered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis & CEIVE	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 5 1932	t		
Other contributory causes of importance: V. S.	(g.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred mos.____ds. How long in U.S. if of foreign birth?_____yrs.____mos.____ds. statement PHYSICIA 2. FULL NAME cely st. and Ward If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) -to Wuas (Month) (Day) (Year) PERMANEN classified 5a. If married, widowed, or divorced BINDIN HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than proper to have occurred on the date stated above, at ______m FOR f day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Data of onset 8. Trade, profession, or particular OCCUPATION RESERVED kind of work done, as SPINNER, be jo SAWYER, BOOKKEEPER, etc ... may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Total time (years) spent in this no this occupation (month and that occupation __. instructions Other Contributory Causes of importance MARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See f4. BIRTHPLACE (city or town)_____ (State or country) What test confirmed diagnosis?_____ Was there an autopsy?____ arefully MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred In JNDUSTRY, in HOME, or In PUBLIC PLACE. Q 17. INFORMANT pluods (ento mobile OF (Address) ? 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE CAUSE nation - Date Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify __ 3 (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. une lou

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	5 th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
. ,			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIN

MARGIN RESERVED FOR

V. S. No. 1

PLACE OF DEATH County Prince Curges	STATE OF MARYLAND 65 CERTIFICATE OF DEATH Registration Dist. No. 245
7illage or City Blauty (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 5 DATE OF BIRTH	16 DATE OF DEATH 192 (Month) J. (Day) 183 Boar) 17 1 HEREBY CERTIFY, That I attended the decessed from 192, 192,
(Month) (Day) (Year) AGE yrs. 2 mos. 7 ds. If LESS than dayhrs. or	and that death occurred on the date stated above, at 9.45 A.m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) mos. / ds.
10 NAME OF FATHER AMUS B. Word 11 BIRTHPLACE OF FATHER (State or country) Brewleval, Wd,	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country Charlette Co. Va- 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted, if not at place of death?
(Address) Brewwood W.C.	19 BLACE OF BUTTAL OF REMOVAD DATE OF BUTTAL 19 BLACE OF BUTTAL OF REMOVAD DATE OF BUTTAL 27, 19.32 ADDRESS MAD

If more blanks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook; to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Housemaid, etc. Foreman, For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal minc, etc. Wom-For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed Salcsman, Locomotive not gainfully em-The quesengineer,

Statement of Cause of Death—Name, first, the DISTERSE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway traincausing death), 29 ds.; L. Chronic interstitial nephritis, inges, pcritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature Chronic Carcinoma, Sarcoma, etc., of chopneumonia (secondary), etc. valvular heart disease; Always qualify all The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF	MARYLAND—	CERTIFICATE OF DEATH 01866
1. PLACE OF DEATH	1794 -	23
County June 200		Registration Dist. No. 231
Village or City North (Sie	MWV00 (III	No. 1937 Ward St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where dea	th occurred 4 yrs mos	ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME + lossee	Evelyn Wood	
(a) Residence: No. 103 - Pho	de Island	St., Ward.
DEDECAMAL AND STATISTIC	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTIC 3. SEX 4. COLOR OR RACE 5	. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Fernale Colored	OR DIVORCED (write the word)	# 12 193 2 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James (3)	Wood	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	pt 1012	I last saw her alive on Feb 1/4 1932 death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 1150 a.m.
20 1	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Acceptable SAWYER, BOOKKEEPER, etc.	usemfr	Pulsus Of An Internal Pages had to
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	8	- January Control of C
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) - 6 karlat (State or country)	t. 60.	Other Contributory Causes of importance:
1 2110 15	1	
14. BIRTHPLACE (city or town) Charles	atte 60	Name of operation
(State of Country)	2 11 ++	What test confirmed diagnosis? In pascuf Leals. Was there an autopsy? Lo
15. MAIDEN NAME Bolang (F. 16. BIRTHPLACE (city or town) - 6 March	rophell	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Dhall (State or country)	alle lov	Accident, sulcide, or homicide?
17. INFORMANT Matte B. Luce	V 12001	Where did Injury occur?
18. BURIAL, CREMATION, OR REMOVAL	new ma ma	
Place Bladfus frugted	Date Feb 13- 1932	Manner of injury
19. UNDERTAKER W. Criscal	arrie	24. Was disease or injury in any way related to occupation of deceased?
(Address) / 4 32 Gard SA	5771.	If so, specify
20. FILED FEEL 12 . 19 32 On	D. Spicer Registrar.	(Signed) Cassell A. Dover M. D. (Address) 1321 - I St. r. w Washington DC:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done,

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

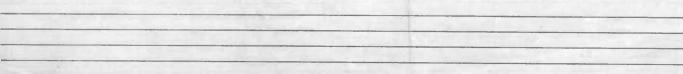
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example L		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows;	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis WAn 4 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURRAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



MARGIN RESERVED FOR BINDING

V. S. No. 1

M

STATE OF MARYLAND— 1. PLACE OF DEATH	CERTIFICATE OF DEATH (1867
County Prince Georges	Registration Dist. No. 235
	NDSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Clbert monrae (a) Residence: No. Touchille (Usual place of abode)	sds. How long in U. S. if of foreign birth?yrsmosds. St,Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH 23 , 198 1 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of anna may worth	22. I HEREBY CERTIFY. That I attended deceased from 2, 19.32 to 7.26 23, 19.32
6. DATE OF BIRTH (month, day, end yeer) April 20, 1864 7. AGE Yoars 67 Months Days If LESS than 1 day,	I last sawh
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 1. Tridustry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and this procupation (month and this procupation (month and this procupation this procupation (month and this procupation that the procupation that	Carcinoma planeras
year) 7.3± occupation 2.47 12. BIRTHPLACE (city or town)	Other Contributory Causes of importence:
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) (State or country)	Name of operations of superior states of superior superio
15. MAIDEN NAME maticla & Brysn 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT W. & L. World	23. If death was due to external ceuses (VIDL ENCE) fill in elso the following: Accident, suicide, or homicide?
(Address) 18. BURIAL, CREMATION, OR REMOVED Place Certain Trill, Md. Date 2-25, 1932.	Manner of injury
19. UNDERTAKER Thomas J. Murayo Jow. (Address) 2007 - Michola Circ. S. C.	24. Was disease or injury in eny way related to occupation of deceased? 200 If so, specify (Signed) American M. D.
20. FILED 2-24, 1932 More Despite are peeded address State Persister.	(Appress) Totalville M. D. 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREAU V.S.			
Other contributory causes of importance:	y	Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year